

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
09/687,526

FILING DATE  
10-12-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							61				
2							62				
3							63				
4							64				
5							65				
6							66				
7							67				
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39							99				
40							100				
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47											
48											
49											
50											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											